

58 PROGRESS REPORT CDFRM

DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Institution Name, Address, & Telephone No.
 FCI, Fort Dix, New Jersey
 P. O. Box 38, Fort Dix, NJ 08640 (609)723-1100

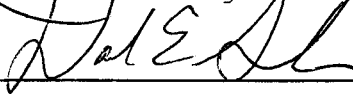
Date
 03-26-2004

Inmate Reviewed

Inmate's Signature

Date

Staff Signature



3/26/04



1. Type of Progress Report
☐ Initial ☐ Statutory Interim ☒ Pre-Release
☐ Transfer ☐ Triennial ☐ Other

2. Inmate's Name

3. Register Number

4. Age (DOB)

SLOANE, David

48083-066

61 (12-15-1942)

5. Present Security/Custody Level

LOW/IN

6. Offense/Violator Offense

Possession of Child Pornography

3559 PLRA Sentence: 27 months of Imprisonment; 3 years supervised release;
 \$100.00 Felony Assessment Fee.

8. Sentence Began

9. Months Served +
Jail Credit

10. Days GCT/or EGT/SGT

04-02-2003

11 + 7 days JCT

0 days earned
 105 days GCT possible

11. Days FSGT/WSGT/DGCT

12. Projected Release

13. Last USPC Action

0 FSGT/0 WSGT/0 DGCT

03-11-2005 via GCT

N/A

14. Detainers/Pending Charges

No known detainers or pending charges

15. Co-defendants

Refer to PSI

ATTACHMENT L

PROGRESS REPORT - CONTINUED

Committed Name: SLOANE, David Reg. No. 48083-066 Date: 03-26-2004

16. Institutional Adjustment:

- A. Program Plan: Mr. Sloane was designated to FCI Fort Dix, New Jersey on April 02, 2003. At his initial classification and subsequent program reviews the Unit Team recommended that he participate in correctional counseling, maintain clear conduct, participate in recreational activities, make timely payments to the Inmate Financial Responsibility Program, and save funds for release. His conduct with staff members and other inmates has been appropriate.
- B. Work Assignments: Upon his arrival at FCI Fort Dix, Mr. Sloane was assigned to a Yard Orderly detail, and received satisfactory work reports. His performance evaluations reflect his able to work well with little supervision. He is currently assigned as a GED Tutor, and receives outstanding work performance ratings.

17.

- C. Educational/Vocational Participation: Mr. Sloane has completed The required Pre-Release Courses.
- A. Counseling Programs: Mr. Sloane receives informal counseling from the Unit Team on an as needed basis.
- B. Incident Reports: Mr. Sloane has not incurred any Incident Reports during his period of incarceration.

Institutional Movement: Mr. Sloane was initially designated to FCI Fort Dix, New Jersey, on April 2, 2003. There has been no further movement.

- c. Physical and Mental Health: Mr. Sloane is assigned to regular duty work status with no medical restrictions. According to the Psychology Services Intake Screening Summary he denies a history of mental or emotional health problems. His physical and mental health is rated favorable.
- D. Progress on Financial Responsibility Plan: At sentencing, Mr. Sloane incurred a \$100.00 court ordered felony assessment, in which he completed on March 11, 2004. There are no other financial obligations in this case. The Cost of Incarceration Fee is not applicable in this case.

PROGRESS REPORT - CONTINUED

Committed Name: SLOANE, David Reg. No. 48083-066 Date: 03-26-2004

17. Release Planning: Mr. Sloane has a projected release date of March 11, 2005, he has requested relocation to the District of New Jersey. He intends to reside with his wife in Riverton, New Jersey.

Residence: Christine Styer-Sloane, Wife
4 Seventh Street
Riverton, New Jersey 08077
(856) 829-3268 Home
(856) 304-1938 Cell

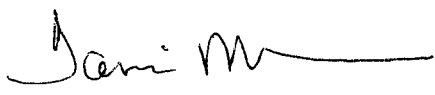
Employment: To be secured

Relocation USPO: Joseph Napurano, CUSPO
District of New Jersey
United States Probation Department
Post Office Box 459
Newark, New Jersey 07101-0459

Sentencing District: Chris Stanton, CUSPO
United States Probation Department
500 Pearl Street
New York, NY 10007-1312

Mr. Sloane is not subject to notification under 18 U.S.C. 4042(b).

Institutional Pre-release: Mr. Sloane has completed the following Pre-Release courses: Job Search Skills; Maintain Savings ACCT/CAR/HOME; Community Corrections MGR; U.S. Probation; Sex Transmitted Diseases; CMC Release Issues

18. Prepared by: 
Tami McKinnon, Case Manager

19. Date Typed: 03-26-2004

20.

21. Reviewed By: 
Samuel Edwards, Acting Unit Manager

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PROGRAM REVIEW REPORT

* 04-19-2004
14:56:44

INSTITUTION: DEV DEVENS FMC

NAME.....: SLOANE, DAVID
RESIDENCE...: RIVERTON, NJ 08077

REG. NO: 48083-066

TYPE OF REVIEW.....: INITIAL CLASSIFICATION/PROGRAM REVIEW
NEXT REVIEW DATE.....: 7/2004

Reclassification

PROJ. RELEASE DATE...: 03-11-2005
PAROLE HEARING DATE...: NONERELEASE METHOD...: GCT REL
HEARING TYPE...: NONE

DATE OF NEXT CUSTODY REVIEW: 4/2005

DETAINERS (Y/N): (N)

CIM STATUS (Y/N).....: (N)

IF YES, RECONCILED (Y/N): N/A

PENDING CHARGES.....: None identified at this time.

OFFENDER IS SUBJECT TO NOTIFICATION UNDER 18 U.S.C. 4042(B) (Y/N).....: N
IF YES - CIRCLE ONE - DRUG TRAFFICKING/CURRENT VIOLENCE/PAST VIOLENCE

Under 18 USC 4043 (c) Sexual Offense (Y)

CATEGORY	CURRENT ASSIGNMENT	EFF DATE	TIME
CMA	PROG RPT	NEXT PROGRESS REPORT DUE DATE	04-02-2006 1001
CMA	RPP COMPLT	RELEASE PREP PGM COMPLETE	11-04-2003 1718
CMA	RPP UNT C	RELEASE PREP UNIT PGM COMPLETE	10-16-2003 0924
CMA	V94 COA913	V94 CURR OTHER ON/AFTER 91394	04-24-2003 1030
CUS	IN	IN CUSTODY	03-24-2003 0918
DRG	DRG I NONE	NO DRUG INTERVIEW REQUIRED	04-03-2003 1001
EDI	ESL HAS	ENGLISH PROFICIENT	05-06-2003 0001
EDI	GED HAS	COMPLETED GED OR HS DIPLOMA	05-30-2003 0658
FRP	COMPLT -	FINANC RESP-COMPLETED	04-01-2004 0726
LEV	LOW	SECURITY CLASSIFICATION LOW	03-21-2003 0821
MDS	REG DUTY	NO MEDICAL RESTR--REGULAR DUTY	04-23-2003 1303
QTR	N02-202L	HOUSE N/RANGE 02/BED 202L	04-02-2004 1425
RLG	JEWISH	JEWISH	04-25-2003 1006
WRK	EDUC TUTOR	EDUCATION TUTOR - MAIN	04-10-2004 0001

WORK PERFORMANCE RATING: Assigned 4.10.04 will review next program review.

INCIDENT REPORTS SINCE LAST PROGRAM REVIEW: [None clear conduct]

FRP PLAN/PROGRESS: [FRP complete]

RELEASE PREPARATION PARTICIPATION: RPP complete → 12PP Part (4/04)

Need to complete a component of Category Six (Personal Development & Development) * while at education (A into A.E. Parenting Values (meet criteria)

CCC RECOMMENDATION: (Interested in CCC referral) Yes

Present to New Jersey (3.26.04) regarding to Jm activity.

ATTACHMENT M

Revised mid 19 Form (4.28.04)

DEV7
PAGE 002 OF 002

PROGRAM REVIEW REPORT

* 04-19-2004
14:56:44PROGRESS MADE SINCE LAST REVIEW: (N/A) - New goals established
Transfer from F. DixGOALS FOR NEXT PROGRAM REVIEW MEETING: (Thru 7/2004)

1. Continue to maintain clear institutional conduct thru (7/2004)
2. Enroll in the Release Preparation course category (Personal Growth, Development)
3. Begin to save for release, approximately \$20.00 a month beginning (5/2004).

4. Excel in work assignment of Education Tutor thru (7/04) ^{excellent} receive work reports
5. Enroll and participate in a Recreation wellness program of choice thru (7/2004)

LONG TERM GOALS:

thru release (3/2005)

1. Maintain clear institutional conduct thru release (3/2005)
2. Complete Release Preparation by (7/04)
3. Save approximately \$140.00 by pre-release date of (12/04)
4. Continue to establish community and family ties in order to reintegrate back to society and plan to go home for release thru (12/04)

OTHER INMATE REQUESTS/TEAM ACTIONS: 407/408 inmate

Judicial Recommendation: Facility (close proximity New Jersey or Facility for Sex Offenders (comply) - Inmate sent to Dix

* COIF is waived based on inability to pay

* DNA Testing is Required under DNA Analysis Backlog Act

U/B (Initial complete) (Final will be conducted 12/04) Last

SIGNATURES:

C. Overino

Program Review

UNIT MANAGER:

J. L. C. C.

INMATE:

X. J. S. S.

DATE:

4.23.04

DATE:

4.23.2004

Name SLOANE, David	Register Number 48083-066	Date April 27, 2004
Unit Manager John D. Colautti	Ext.: 1367	Expected date of transfer/release December 2004

A. Mental Health Status	B. Medical Status
<input type="checkbox"/> 1. No evidence of mental problems. <input type="checkbox"/> 2.**History of mental health problems; no current symptoms; no follow up care needed. <input type="checkbox"/> 3.**Mild or recurring mental health problems managed without medication; may require periodic intervention and supervision. <input type="checkbox"/> 4.**Mental health problems under control with medication; needs follow up and supervision. <input type="checkbox"/> 5.**Mental health problems; noncompliant with recommended treatment; will need close monitoring and follow up care. <input checked="" type="checkbox"/> 6.**Is in the process of diagnostic evaluation or specific treatment. ** List diagnoses and explain in layman's terms	<input type="checkbox"/> 1. Healthy with no evidence of significant medical problems. <input type="checkbox"/> 2.**Minor medical problems only. <input type="checkbox"/> 3.**Has significant medical disorder; under good control and will require follow up care. <input checked="" type="checkbox"/> 4.**Has one or more chronic or recurrent medical problems. <input type="checkbox"/> 5.**Has an uncontrolled significant disorder. <input type="checkbox"/> 6.**Is in the process of diagnostic evaluation or specific treatment. **List diagnoses and explain in layman's terms

Mental Health Remarks: Rec'd he receive a full SOAP evaluation. He distorts and minimizes his involvement in instant offense. He has not had any treatment and bases his "superoptimism" on a hired psychologist's report.	Medical Remarks: Hypertension Hyperlipidemia GERD Allergic to Penicillin
<input type="checkbox"/> Transfer recommended <input type="checkbox"/> Transfer NOT recommended Pending SOAP evaluation.	<input checked="" type="checkbox"/> Transfer recommended <input type="checkbox"/> Transfer NOT recommended

Psychologist/Psychiatrist (BOP staff only) Date J. L. Lange MD 4/30/04	Medical Officer (or Designee) Date A. Balances PA 4/30/04
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C. Dental Status: <input type="checkbox"/> No evidence of significant dental problems. <input checked="" type="checkbox"/> In process of evaluation and treatment. Completion Date: _____	Dental Officer (or Designee) Date A. Balances 4/30/04
<input type="checkbox"/> Transfer recommended <input type="checkbox"/> Transfer NOT recommended	

D. Chronic Medications/Special Needs (i.e., equipment, diet)	
1. Aspirin	5. Aciplex
2. Lisinopril	6. _____
3. Lovastatin	7. _____
4. _____	8. _____

IS INMATE ON DEA CONTROLLED MEDICATION(S)? ☒ No ☐ Yes - IF YES, UNIT STAFF MUST CONTACT CCM OFFICE

TB CLEARANCE: PPD Completed: Date 4/4/03 Results: 0 mm	ATTACHMENT N
CXR completed: Date _____ Results: _____	

UNITED STATES DISTRICT COURT
PROBATION OFFICE
DISTRICT OF NEW JERSEY

CHRISTOPHER MALONEY
CHIEF PROBATION OFFICER

RICHARD A. GALLO
SUPERVISING U.S. PROBATION OFFICER

MATTHEW F. MILLER
SUPERVISING U.S. PROBATION OFFICER

May 3, 2004

401 MARKET ST., 1ST FLOOR
POST OFFICE BOX 3497
CAMDEN, NJ 08101-3497
(856) 757-5043
FAX: (856) 757-5302

Ms. Carrie Querino
Case Manager
Federal Medical Center
42 Patton Road
Devens, Massachusetts

RE: SLOAN, David
REG. NO.: 48083-066
RELOCATION RESPONSE

Dear Ms. Querino

The letter is in response to a relocation plan received by our office on April 7, 2004, from FCI Fort Dix on behalf of the above-named individual.

On April 23, 2004, this undersigned conducted a home visit at the offender's proposed residence located, 4 Seventh Street, Riverton, New Jersey and met with his wife, Christine Styer-Sloane.

At this time, our office has no objections to the proposed residence. However, should the offender's plan change, please notify our office. I may be reached at (856) 757 - 5043.

Respectfully submitted,

CHRISTOPHER MALONEY, Chief
U.S. Probation Officer



By: Valencia K. Sherrer
Senior U.S. Probation Officer

/vks

Approved by



Richard A. Gallo, Supervising
U.S. Probation Officer

ATTACHMENT O